

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): <u>San Diego</u>	Fiscal Year: <u>2005-06</u>
Program Workplan #: <u>OA-3</u>	Date: <u>2/28/06</u>
Program Workplan Name: <u>Mental Health & Primary Care Services Integration</u>	Page: <u>1 of 9</u>
Type of Funding: <u>3. Outreach and Engagement</u>	Months of Operation: <u>3</u>
Proposed Total Client Capacity of Program/Service: <u>114</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michelle Peterson</u>
Client Capacity of Program/Service Expanded through MHSA: <u>114</u>	Telephone Number: <u>(619) 563-2715</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$113,750			\$113,750
6. Total Proposed Program Budget	\$113,750	\$0	\$0	\$113,750
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$144,700			\$144,700
D. Total Funding Requirements	\$258,450	\$0	\$0	\$258,450
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): <u>San Diego</u>	Fiscal Year: <u>2005-06</u>
Program Workplan #: <u>OA-3</u>	Date: <u>2/28/06</u>
Program Workplan Name: <u>Mental Health & Primary Care Services Integration</u>	Page: <u>2 of 9</u>
Type of Funding: <u>3. Outreach and Engagement</u>	Months of Operation: <u>3</u>
Proposed Total Client Capacity of Program/Service: <u>114</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michelle Peterson</u>
Client Capacity of Program/Service Expanded through MHSA: <u>114</u>	Telephone Number: <u>(619) 563-2715</u>

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Mental Health Clinician, Licensed		0.75		\$0
	Counselor, Master Level Interns		0.50		\$0
	Geriatric Psychiatrist		0.05		\$0
	Senior Peer / Family Promotores	0.30	0.30		\$0
					\$0
These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals.					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.30	1.60		\$0
C. Total Program Positions		0.30	1.60		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego

Fiscal Year: 2005-06

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Program Workplan #: OA-3

Date: 02/28/06

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement

New Program/Service or Expansion: New

<u>Line #</u>	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$113,750	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 3 months beginning April 1, 2006 - June 30, 2006.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population.
C	\$144,700	One-Time CSS Funding Expenditures are the sum of the following: One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. Start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation and medication for clients (if needed). Additionally, these funds may be used to secure or expand office space including possible leasehold improvements. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the fourth quarter of FY 05-06 between April 1, 2006 - June 30,2006.
	\$52,500	One-time CSS funding to purchase a van in the fourth quarter of FY 05-06 for the program to transport clients. This estimate was based on blue book values for a used van.
	\$30,000	One-time CSS funding for Senior Peer and Promotores / Family Community Health Workers Support training. These start-up costs will begin to expended in the fourth quarter of FY 05-06 between April 1, 2006 - May 31,2006 and the trainings sessions will be completed over a 4 month period. The cost is \$333 per person (includes training tool kit, speaker, facility, technical assistance and training fees) for a total of 60 staff/volunteers. This training will be held in San Diego County. This will also be a training for trainers which will enable those attending to be future trainers.
	\$20,000	One-time CSS funding for Provider Primary Care Physician integration training. Funds will begin to be expended in the fourth quarter of FY 05-06 between April 1, 2006 - June 30,2006 and will be completed over 12 months. The cost is \$125 per person for a estimated total of 60 physicians, nurses, social workers, case managers and community health workers. The cost covers the trainer (\$5,000), materials (\$2,000), and the facility (\$500).
	\$7,500	One-time CSS funding for IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) training. Initial training funds will begin to be expended in the fourth quarter of FY 05-06 between April 1, 2006 - June 30,2006. This training is for staff and primary care providers and is estimated to cost \$34,700 to cover the 2 training teams (one for Impact with training consultants traveling from Washington State and one for Dulce consisting of local trainers), training materials, supplies, facility, equipment and ongoing technical assistance (for 16 months) from implementation of the project pilot.
	\$34,700	
D	\$258,450	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): <u>San Diego</u>	Fiscal Year: <u>2006-07</u>
Program Workplan #: <u>OA-3</u>	Date: <u>2/28/06</u>
Program Workplan Name: <u>Mental Health & Primary Care Services Integration</u>	Page: <u>4 of 9</u>
Type of Funding: <u>3. Outreach and Engagement</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>455</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michelle Peterson</u>
Client Capacity of Program/Service Expanded through MHSA: <u>455</u>	Telephone Number: <u>(619) 563-2715</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$455,000			\$455,000
6. Total Proposed Program Budget	\$455,000	\$0	\$0	\$455,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$455,000	\$0	\$0	\$455,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): <u>San Diego</u>	Fiscal Year: <u>FY 06-07</u>
Program Workplan #: <u>OA-3</u>	Date: <u>2/28/06</u>
Program Workplan Name: <u>Mental Health & Primary Care Services Integration</u>	Page: <u>5 of 9</u>
Type of Funding: <u>3. Outreach and Engagement</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>455</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michelle Peterson</u>
Client Capacity of Program/Service Expanded through MHSA: <u>455</u>	Telephone Number: <u>(619) 563-2715</u>

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	Mental Health Clinician, Licensed		3.00		\$0
	Counselor, Master Level Interns		2.00		\$0
	Geriatric Psychiatrist		0.20		\$0
	Senior Peer / Family Promotores	1.20	1.20		\$0
	These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals.				
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total New Additional Positions		1.20	6.40		\$0
C. Total Program Positions		1.20	6.40		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego

Fiscal Year: 2006-07

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Program Workplan #: OA-3

Date: 02/28/06

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement

New Program/Service or Expansion: New

<u>Line #</u>	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$455,000	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 12 months beginning July 1, 2006 - June 30, 2007.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$455,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): <u>San Diego</u>	Fiscal Year: <u>2007-08</u>
Program Workplan #: <u>OA-3</u>	Date: <u>2/28/06</u>
Program Workplan Name: <u>Mental Health & Primary Care Services Integration</u>	Page: <u>7 of 9</u>
Type of Funding: <u>3. Outreach and Engagement</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>455</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michelle Peterson</u>
Client Capacity of Program/Service Expanded through MHSA: <u>455</u>	Telephone Number: <u>(619) 563-2715</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$455,000			\$455,000
6. Total Proposed Program Budget	\$455,000	\$0	\$0	\$455,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$455,000	\$0	\$0	\$455,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): <u>San Diego</u>	Fiscal Year: <u>FY 07-08</u>
Program Workplan #: <u>OA-3</u>	Date: <u>2/28/06</u>
Program Workplan Name: <u>Mental Health & Primary Care Services Integration</u>	Page: <u>8 of 9</u>
Type of Funding: <u>3. Outreach and Engagement</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>455</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Michelle Peterson</u>
Client Capacity of Program/Service Expanded through MHSA: <u>455</u>	Telephone Number: <u>(619) 563-2715</u>

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Mental Health Clinician, Licensed		3.00		\$0
	Counselor, Master Level Interns		2.00		\$0
	Geriatric Psychiatrist		0.20		\$0
	Senior Peer / Family Promotores	1.20	1.20		\$0
	These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals.				
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	1.20	6.40		\$0
C. Total Program Positions		1.20	6.40		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego

Program Workplan #: C

Program Workplan Name

Type of Funding: 3. Other

<u>Line #</u>	<u>Amount</u>
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A.5	\$455,000
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B.2.a	\$0
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D	\$455,000
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